

County: Outagamie  
 OUTAGAMIE COUNTY HEALTH CENTER  
 3400 WEST BREWSTER STREET

Facility ID: 6710

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APPLETON 54914 Phone: (920) 832-5400  
 Operated from 1/1 To 12/31 Days of Operation: 366  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/00): 211  
 Total Licensed Bed Capacity (12/31/00): 256  
 Number of Residents on 12/31/00: 192

Ownership:  
 Highest Level License:  
 Operate in Conjunction with CBRF?  
 Title 18 (Medicare) Certified?  
 Average Daily Census:

County  
 Skilled  
 No  
 Yes  
 201

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)	
		Primary Diagnosis	%	Age Groups	%		%
Home Health Care	No					Less Than 1 Year	22.4
Supp. Home Care-Personal Care	No					1 - 4 Years	31.8
Supp. Home Care-Household Services	No	Developmental Disabilities	14.6	Under 65	33.3	More Than 4 Years	45.8
Day Services	No	Mental Illness (Org./Psy)	35.9	65 - 74	20.8		
Respite Care	No	Mental Illness (Other)	26.6	75 - 84	28.1		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	16.7	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.6	95 & Over	1.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	2.1			Nursing Staff per 100 Residents	
Home Delivered Meals	Yes	Fractures	1.0		100.0	(12/31/00)	
Other Meals	No	Cardiovascular	4.2	65 & Over	66.7		
Transportation	No	Cerebrovascular	5.7			RNs	14.8
Referral Service	No	Diabetes	0.0	Sex	%	LPNs	2.2
Other Services	No	Respiratory	1.0			Nursing Assistants	
Provide Day Programming for Mentally Ill	Yes	Other Medical Conditions	6.3	Male	41.7	Aides & Orderlies	
Provide Day Programming for Developmentally Disabled	Yes		100.0	Female	58.3		52.2
					100.0		

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other			Private Pay			Managed Care			Total No.	Percent Of All Residents
	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate		
Int. Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	5.6	\$130.00	0	0.0	\$0.00	1	0.5%
Skilled Care	5	100.0	\$220.07	126	74.6	\$99.19	0	0.0	\$0.00	16	88.9	\$115.00	0	0.0	\$0.00	147	76.6%
Intermediate	---	---	---	17	10.1	\$81.56	0	0.0	\$0.00	1	5.6	\$115.00	0	0.0	\$0.00	18	9.4%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	26	15.4	\$149.15	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	26	13.5%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	5	100.0		169	100.0		0	0.0		18	100.0		0	0.0		192	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Percent Admissions from:						
Private Home/No Home Health	11.6	Bathing	20.8	46.4	32.8	192
Private Home/With Home Health	7.0	Dressing	30.2	47.9	21.9	192
Other Nursing Homes	4.7	Transferring	47.9	35.9	16.1	192
Acute Care Hospitals	60.5	Toilet Use	34.4	42.7	22.9	192
Psych. Hosp. -MR/DD Facilities	8.1	Eating	67.2	19.3	13.5	192
Rehabilitation Hospitals	0.0	*****				
Other Locations	8.1	Continence		%	Special Treatments	%
Total Number of Admissions	86	Indwelling Or External Catheter	2.6	Receiving Respiratory Care		3.1
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	53.1	Receiving Tracheostomy Care		0.5
Private Home/No Home Health	10.4	Occ/Freq. Incontinent of Bowel	31.8	Receiving Suctioning		0.5
Private Home/With Home Health	7.5			Receiving Ostomy Care		0.0
Other Nursing Homes	9.4	Mobility		Receiving Tube Feeding		2.6
Acute Care Hospitals	0.0	Physically Restrained	4.7	Receiving Mechanically Altered Diets		29.2
Psych. Hosp. -MR/DD Facilities	2.8			Other Resident Characteristics		
Rehabilitation Hospitals	0.0	Skin Care		Have Advance Directives		92.2
Other Locations	17.9	With Pressure Sores	0.5	Medications		
Deaths	51.9	With Rashes	1.6	Receiving Psychoactive Drugs		71.9
Total Number of Discharges (Including Deaths)	106	*****				

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	Ownership:			Bed Size:		Licensure:		All	
	This Facility	Peer Group	Ratio	200+	Ratio	Peer Group	Ratio	Facilities	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	78.5	82.7	0.95	80.6	0.97	84.1	0.93	84.5	0.93
Current Residents from In-County	79.2	85.7	0.92	83.1	0.95	83.5	0.95	77.5	1.02
Admissions from In-County, Still Residing	43.0	34.4	1.25	26.5	1.63	22.9	1.88	21.5	2.00
Admissions/Average Daily Census	42.8	67.7	0.63	107.9	0.40	134.3	0.32	124.3	0.34
Discharges/Average Daily Census	52.7	72.5	0.73	108.6	0.49	135.6	0.39	126.1	0.42
Discharges To Private Residence/Average Daily Census	9.5	23.7	0.40	45.4	0.21	53.6	0.18	49.9	0.19
Residents Receiving Skilled Care	77.1	83.9	0.92	88.0	0.88	90.1	0.86	83.3	0.92
Residents Aged 65 and Older	66.7	83.5	0.80	87.7	0.76	92.7	0.72	87.7	0.76
Title 19 (Medicaid) Funded Residents	88.0	77.2	1.14	70.6	1.25	63.5	1.39	69.0	1.28
Private Pay Funded Residents	9.4	17.9	0.52	23.8	0.39	27.0	0.35	22.6	0.41
Developmentally Disabled Residents	14.6	3.4	4.23	2.9	5.03	1.3	11.61	7.6	1.91
Mentally Ill Residents	62.5	56.6	1.11	46.8	1.33	37.3	1.68	33.3	1.87
General Medical Service Residents	6.3	14.3	0.44	15.4	0.41	19.2	0.33	18.4	0.34
Impaired ADL (Mean)	40.8	50.8	0.80	49.4	0.83	49.7	0.82	49.4	0.83
Psychological Problems	71.9	61.2	1.17	56.4	1.27	50.7	1.42	50.1	1.43
Nursing Care Required (Mean)	4.8	6.6	0.72	7.3	0.66	6.4	0.74	7.2	0.66